



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

October 20, 2005

TO: Construction Review Services Interested Parties

SUBJECT: Chapter 246-314 WAC – Report on Proposals and Public Comment Process

You are receiving this update in response to your request (coupon) and interest with the rule development process.

The advisory group has completed a review of the fifty-six rule proposals that were submitted during the public proposal period concerning WAC 246-314, Facility Construction Review. The advisory group actions are captured in the Report on Proposals (ROP). The purpose of the ROP and the consensus rule process is to develop recommendations, to the Department, for changes to the existing chapter 246-314 WAC.

Next Steps

Report on Comments: Now that the ROP is available, there is a two (2) week comment period which anyone may submit a public comment on any of the proposed changes in the ROP. The committee then reconvenes at the end of the two week period and acts on all comments. When submitting your comment(s), please make sure to indicate the proposal number on the comment form. The closing date for receiving public comments will be **November 7, 2005** (see updated timeline October, 2005).

All of this information is compiled into a second publication called the Report on Comments (ROC), which is again made available for anyone to review for a four (4) week period. **Anyone may monitor the progress of a ROP or ROC at www.doh.wa.gov/crs.**

Final Step

Public Rules Hearing: After the ROC review period ends, the advisory group will forward its actions and/or recommendations to the Department for changes to the existing chapter 246-314 WAC. Anyone may attend the public rules hearing and present his/her views on the reports and/or advisory group actions/recommendations.

Please note, a motion to amend or modify a previously published proposal or comment can only be made by the originator or a duly authorized representative.

For questions regarding this process, contact Allen Spaulding at (360) 236-2929, al.spaulding@doh.wa.gov or Chad Beebe at (360) 236-2944, chad.beebe@doh.wa.gov.

Sincerely,

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**WASHINGTON STATE
DEPT. OF HEALTH**

**REPORT ON PROPOSALS
CHAPTER 246-314 WAC**

OCTOBER 21, 2005

Chair**Bart Eggen**, Department of Health**Chad Beebe**, Department of Health (alternate)**Staff Liaisons****Kathryn Shore**

Department of Health

Allen Spaulding

Department of Health

Advisory Group Members:**Beaver Brinkman**

Careage, Inc.

Michael Kelly

Sacred Heart Medical Center

Randy Knighton

Knight Fire Protection, Inc.

David Pasqual

Franciscan Health Systems

David Riddle

Tri-Cities Chaplaincy

David Stroud

Regency South Inc.

Brenda Suiter

WSHA

Lance Talley

Chief Deputy State Fire Marshal

Mike York

Alliance Imaging

FIRST ADVISORY GROUP MEETING

The meeting began at 1:00 PM on Monday, October 3rd 2005, and was brought to order by Allen Spaulding, Rules Coordinator. He thanked everyone for agreeing to participate on the WAC 246-314, Facility Construction Review Rules Advisory Group. All Advisory Group members were present.

Bart Eggen announced that we are piloting a new process designed to encourage public participation so that the public can monitor the process, while streamlining the rule development process. This is a new and different way of doing business, and we are open to suggested improvements in the process as we go. The Advisory Group's recommendations are to advise the department and the department retains final say in the rule changes. Comments will be published as part of the Rule Development process.

There were 56 proposals submitted, and it was decided that we would vote on each one. The options were to Accept, Deny or Accept with Modifications (providing reasons and rationale for the suggested change).

Allen Spaulding requested e-mail addresses from all Advisory Group members. Allen will batch proposals and will reschedule a follow-up conference call to discuss any remaining proposals for Advisory Group action. The meeting was adjourned at 3:30 PM.

SECOND ADVISORY GROUP MEETING

The meeting began at 1:00 PM on Tuesday, October 10th 2005, and was brought to order by Allen Spaulding, Rules Coordinator. He thanked everyone for agreeing to participate on the WAC 246-314, Facility Construction Review Rules Advisory Group. 7 Advisory Group members were present. Absent were: Eggen, Brinkman, Riddle, and Stroud. Bart Eggen's alternate was acting on his behalf.

Allen Spaulding reminded everyone that this was a pilot process and feedback is encouraged. He discussed lessons learned from the first meeting which included: ensuring that calling for discussion and asking for a motion consistently. He reminded the members that they have the option to vote or abstain.

Allen Spaulding presented the agenda. The agenda consisted of 12 batches of 39 proposals that were grouped based on similar topics. Chad Beebe proposed a change to the agenda order and addition of 2 batches which received no objections.

Allen Spaulding thanked everyone for their participation. The group expressed positive feedback on the process. The meeting was adjourned at 3:18 PM.

Proposal 001: Accept with Modifications

Submitter: Debbie Johnson, DOH
Section: 246-314-990
Recommendation: Revise text as follows:

- (1) ~~(3)~~ The project sponsor may request a reduction in the project review fee for fixed or installed technologically advanced diagnostic or treatment equipment projects including lithotripters, CT scans, linear accelerators, or MRI's.
- (2) ~~(4)~~ The department may adjust the project review fee if:
 - a. The final project cost changes as evidenced on the certificate of project completion card; or
 - b. The project sponsor requests a reduction in the fee according to subsection (3) of this section.
- (3) ~~(4)~~ The project sponsor shall submit to the department:
 - a. A completed project review application form along with project documents for review; and
 - b. The appropriate fee based upon the initial project construction cost as determined from the following construction fee table;
- ~~(4)~~ ~~(2)~~ The department shall charge a flat fee of eighty dollars for a project involving installation of carpet only.

Substantiation: Reordering of construction review fee paragraphs. I am putting the paragraphs in this order because I have noticed that it is very rare that the customer sends us in the request for reductions before they send submittal items, the letters we do receive are generally after the fact which causes a lot of extra work for everyone involved. This will help us from wasting our time Revenue Refunds among other priorities.

Advisory Group Meeting Action: Vote to, accept with modifications.

(Brenda Suiter) Adds clarification of intent. CRS is in the business of not increasing fees. PASQUAL. We have better wording in other proposals. Likes Dick Swanson's wording in Proposal #22 better than this one. Replace (1) with modified Proposal #22. The word "adjust" should be changed to "decrease". Revise text to read:

- (2) ~~(4)~~ The department may decrease the project review fee if:

Number eligible to vote: 10

Ballot Results: Affirmative: 7 Negative: 1

Votes not returned or sustained: 2

Proposal 002: Accept with Modifications

Submitter: Steve Pennington, DOH
Section: 246-314-001
Recommendation: Revise text as follows:

The purpose of this chapter is to establish fees to support the development and subsequent (and) review(ing) and (approving) approval of health and residential care facility construction projects

Substantiation: Currently CRS can not support the pre-design efforts of our customers on projects at their request. As there is no structure to allow for technical assistance or master planning assistance.

This additional language would begin to allow us to provide a valuable pre-design assistance for a minimal fee, to allow the customer to pre-evaluate and assess what they are proposing to do, and to help that final submission to be as complete and efficiently processed when submitted to CRS.

Advisory Group Meeting Action: Vote to, accept with modifications.

Under "purpose of this chapter" strike "development" and insert "pre-design." Revise text to read:

The purpose of this chapter is to establish fees to support the pre-design and subsequent (and) review(ing) and (approving) approval of health and residential care facility construction projects.

Number eligible to vote: 10

Ballot Results: Affirmative: 9 Negative: 1

Votes not returned or sustained: 0

Explanation of Negative Vote: Talley stated that small cities where local jurisdictions are in charge of inspections, expertise is sometimes lacking. There needs to be a liability process.

Proposal 003: Accept

Submitter: Steve Pennington, DOH
Section: 246-314-010
Recommendation: Accept proposed changes as written:

- (1) "Department" means the Washington State Department of Health, Construction Review Services.

Substantiation: Most of our state customers view the Department of Health as one big department with no divisions between the CRS, Survey, Licensing etc. This additional wording will make the application of the fees specific to Construction Review Service and help customers to recognize and look to access the correct divisions for their specific needs.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 10

Ballot Results: Affirmative: 9 Negative: 0

Votes not returned or sustained: 1

Proposal 004: **Accept**

Submitter: Steve Pennington, DOH

Section: 246-314-001

Recommendation: Accept proposed changes as written:

(I) “Migrant Worker Housing” as defined under WAC 246-359.

Substantiation: Temporary worker housing is part of CRS’s purview and as such without any inclusion that identifies this separate grouping in the definitions section, can we charge fees for any services related to that work? This inclusion of identifying this service line, would allow CRS to charge fees commensurate with the level of support activity related to the category.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 10

Ballot Results: Affirmative: 8 Negative: 0

Votes not returned or sustained: 2

Proposal 005: **Deny**

Submitter: Steve Pennington, DOH

Section: 246-314-001

Recommendation: Revise text as follows:

“Hospitals as defined under chapters 70.41 RCW and 246-318 WAC; and Out patient centers under the hospital license.

Substantiation: A significant amount of work coming into CRS, is from out patient centers of various types that are based upon operation under a hospital license and should be recognized as a unique service line, that is part of the hospital licensure.

This language addition will firmly tie in the review fees for this service line, under hospitals.

Advisory Group Meeting Action: Vote to, deny.
“Outpatient centers under the hospital license” is unnecessary language.

Number eligible to vote: 10

Ballot Results: Affirmative: 8 Negative: 0

Votes not returned or sustained: 2

Proposal 006: **Deny**

Submitter: Steve Pennington, DOH

Section: 246-314-001

Recommendation: Accept proposed changes as written:

(k) “Ambulatory Surgery Centers” as defined under WAC 246-320-815 and NFPA 101 chapters 20 and 21.

Substantiation: There are currently no provisions for CRS to review, as a service to the customer, the certified Ambulatory Service Centers which our Survey staff survey. There is no one other than the architect to advise the customer on NFPA issues in the design of those facilities and therefore there is a high potential for those new facilities to receive a negative survey, which is based on the NFPA codes.

The above language addition would recognize the Ambulatory service centers (non hospital based) as a unique service and also allow CRS to perform technical assistance on ASC’s for a minimal fee.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposals #16 and #45. These definitions should not be defined by referring to other WAC’s, they should refer to statute. When possible, definitions should not be referred to other rules that DOH does not have authority over. Defining these facilities in this rule, ensures that the original intent of the definition is maintained by DOH and is not inadvertently changed by another entity.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 007: **Deny**

Submitter: Steve Pennington, DOH

Section: 246-314-001

Recommendation: Revise text as follows:

“Project sponsor” means the person, persons or organization, planning and contracting for the design and construction of facilities, generally the owner or the owner’s dually appointed representative.

Substantiation: The owner/ architect is usually not clear in whom signs the application document and now with developers also getting into the mix of representing medical facilities. It is important that they all recognize the importance as to who is applying for and potentially making decisions for facility changes that affect their licensure or billing. With all the fraud of past with

billing, the inclusion of this clarification will cause the owners to assure whomever they send, are authorized, or whether the owner themselves show up for the appointments. (This is becoming ever the more pertinent when out of state developers/designer are involved)

Advisory Group Meeting Action: Vote to, deny. Concerns about recommended language “dually appointed”. Does this mean an additional piece of paperwork to track? A “project sponsor” is not needed.

Number eligible to vote: 10
Ballot Results: Affirmative: 9 Negative: 0
Votes not returned or sustained: 1

Proposal 008: **Accept with Modifications**

Submitter: Steve Pennington, DOH
Section: 246-314-001
Recommendation: Revise text as follows:

All fixed and installed clinical equipment in the project; and

Substantiation: The current language while referencing clinical equipment in later sections does leave open for interpretation whether this equipment is fixed mechanical equipment (i.e. HVAC, compressors, chillers etc.) or other types of medically related equipment.

The inclusion of this word will tie out with the further interpretation given in WAC 246-314-990 (3)

Advisory Group Meeting Action: Vote to, accept with modifications. Revise text to read:
 All fixed and installed clinical and non-clinical equipment in the project; and

Number eligible to vote: 10
Ballot Results: Affirmative: 9 Negative: 0
Votes not returned or sustained: 1

Proposal 009: **Deny**

Submitter: Steve Pennington, DOH
Section: 246-314-001
Recommendation: Accept proposed changes as written:

(c) For Technical Assistance for preplanning activities for licensed or certified facilities. A fee of \$425.00 will be assessed for a maximum three hour session.

Substantiation: There are currently no provisions for a fee, for technical assistance for pre-design services. The inclusion of this additional paragraph would allow CRS to integrate technical assistance for our customers

and for a reasonable fee, prior to any formal submission of documents. Our customers like this service and are eager for CRS to resume providing it, as it provides valuable insight into code provisions, value engineering, understanding the schedule demands of the owner and answering any questions they may have.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #36.

Number eligible to vote: 7
Ballot Results: Affirmative: 7 Negative: 0
Votes not returned or sustained: 0

Proposal 010: **Deny**

Submitter: Steve Pennington, DOH
Section: 246-314-001
Recommendation: Accept proposed changes as written:

(d) For Master Planning support for medical facilities. CRS can provide code and planning support to the facility architect in charge of the MFP, based on the same technical assistance base fee of \$425.00 for each three hour or less session that CRS is requested to be part of.

Substantiation: There are currently no provisions for any support to hospitals and their out patient centers, for the master facility planning in the larger picture of patient care delivery, patient access or health care efficiencies.

With this inclusion of additional services, customers would be more likely to make the Department of Health a partner in that planning and for us to also support the bigger picture and not get lost in the microscopy of the smaller projects, while not understanding or being shown the long range plans and how the smaller projects fit into the bigger picture.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #51. The additional language in this proposal such as “Master Planning” makes it more restricting.

Number eligible to vote: 7
Ballot Results: Affirmative: 7 Negative: 0
Votes not returned or sustained: 0

Proposal 011: **Deny**

Submitter: Steve Pennington, DOH
Section: 246-314-001
Recommendation: Revise text as follows:

Provide a dashed line between the project cost column and the designated review fee for all of the associated project costs.
I.e. 250,000,000 to 2,999,999-----8,550

Substantiation: Currently one determines the project costs and then reads down the associated project cost column and then across to the associated review fee. Often a customer reads across and picks up the incorrect associated fee and cuts a check for that for the application. Only to find out that an error was made in the reading across to determine the fee.

The dashed line to correlate the correct fee would make it easier for our customers to provide the correct check for our review fee.

Advisory Group Meeting Action: Vote to, deny. The change is editorial in nature and deals with formatting which is beyond the scope of the advisory group.

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained: 0

Proposal 012: **Deny**

Submitter: Steve Pennington, DOH

Section: 246-314-990(B)

Recommendation: Revise text as follows:

60,000,000 to 99,999,999-----28,700.
 100,000,000 and over, add \$1,000 for each \$10,000,000
 to the \$28,700 to establish the review and support fee.

Substantiation: Currently for large replacement facilities in excess of our highest shown project cost, there is no higher fee than what we show. But for projects that get into the \$200M+ for an example, the review period is longer and it may be broken out to multiple reviewers in the interest of time. Also there could be multiple on site inspections to approve phasing and rough in for a large project. All of which employs a larger amount of CRS's departments time to take care of the customer and subsequently down the road the quality of the patient care.

These additional costs would provide the additional revenue and speed to provide an appropriate service in regards to a reasonable review time and effective monitoring of the project.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #20, which provides an easier method of determining based on fixed amount.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 013: **Deny**

Submitter: Steve Pennington, DOH

Section: 246-314-990(2)

Recommendation: Accept proposed changes as written:

(a) The department will charge a flat fee of \$470.00 for the first review of Mobile clinical equipment patient services TRAILERS for review. With an additional fee of \$285.00 for a resubmission review.
The trailer pad site and subsequent support work would fall under the normal project fee schedule.

Substantiation: Currently the fee schedule itself does not include this CRS service line on its one stop fee acknowledgement list.

The inclusion of this new paragraph will provide the customer with the related fees for this work all under the fee schedule heading.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #17.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 014: **Deny**

Submitter: Steve Pennington, DOH

Section: 246-314-990 (3)

Recommendation: Revise text as follows:

The project sponsor may request a reduction in the project review fee for fixed or installed technologically advanced diagnostic or treatment equipment projects (including) such as, but not limited to lithotripters, CT scans, linear accelerators, or MRI's.

Substantiation: The current language inclusions does not allow for newer technologies like gamma knives, PET scans or any other future equipment that may come out as technology develops.

The adjustment and additional wording will allow other devices to be brought to CRS for consideration of an exception from inclusion in the project costs.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposals #22 and #23.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 015: Deny**Submitter:** Doug Taylor, DOH**Section:** 246-314-010**Recommendation:** Accept proposed changes as written:

(2) “Project” means a construction endeavor including new construction, replacement, alterations, additions, expansions, conversions, change of use, improvements, remodeling, renovating, and upgrading of the following types of facilities:

- (a) “Adult residential care” as defined under chapters 18.20 RCW and 388-110 WAC;
- (a b) “Adult residential rehabilitation center” as defined under chapters 71.12 RCW and 246-325 WAC.
- (c) “Ambulatory surgery center” as defined under title 42 - Public Health CFR, section 416.2;
- (b d) “Boarding homes” as defined under chapters 18.20 RCW and ~~246-316~~388-78A WAC;
- (e) “Correctional facilities” as defined under health, environmental, and safety standards and 43.20 RCW;
- (e f) “Maternity homes” and “childbirth centers” as defined under chapters 18.46 RCW and 246-329 WAC;
- (d g) “Nursing homes” as defined under chapters 18.51 RCW and ~~248-14~~388-97 WAC;
- (e h) “Private psychiatric hospitals” as defined under chapters 71.12 RCW and 246-322 WAC;
- (f i) “Private alcoholism hospitals” as defined under chapters 71.12 RCW and 246-324 WAC;
- (g j) “Private alcoholism treatment facilities” as defined under chapters 71.12 RCW and 246-326 WAC;
- (h k) “Residential treatment facilities for psychiatrically impaired children and youth” as defined under chapters 71.12 RCW and 246-323 WAC;
- (f l) “Hospitals” as defined under chapters 70.41 RCW and ~~246-318~~320 WAC;
- (j m) “Hospice care center” as defined under chapters 70.1267 RCW and ~~246-321~~335 WAC.

Substantiation: The correction of the errors will be in line with what is required to be reviewed.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposals #16 and #45.

Number eligible to vote: 7**Ballot Results:** Affirmative: 7 Negative: 0**Votes not returned or sustained:** 0**Proposal 016: Accept with modifications****Submitter:** Doug Taylor, DOH**Section:** 246-314-010**Recommendation:** Accept proposed changes as written:

(2) “Project” means a construction endeavor including new construction, replacement, alterations, additions, expansions, conversions, change of use, improvements, remodeling, renovating, and upgrading of the following types of facilities:

- (a) “Adult residential care” as defined under chapters 18.20 RCW and 388-110 WAC;
- (a) ~~“Adult residential rehabilitation center” as defined under chapters 71.12 RCW and 246-325 WAC.~~
- (b) “Ambulatory surgery center” as defined under title 42 - Public Health CFR, section 416.2;
- (b c) “Boarding homes” as defined under chapters 18.20 RCW and ~~246-316~~388-78A WAC;
- (d) “Correctional facilities” as defined under health, environmental, and safety standards and 43.20 RCW;
- (e e) “Maternity homes” and “childbirth centers” as defined under chapters 18.46 RCW and 246-329 WAC;
- (d f) “Nursing homes” as defined under chapters 18.51 RCW and ~~248-14~~388-97 WAC;
- (e g) “Private psychiatric hospitals” as defined under chapters 71.12 RCW and 246-322 WAC;
- (f h) “Private alcoholism hospitals” as defined under chapters 71.12 RCW and 246-324 WAC;
- (g) ~~“Private alcoholism treatment facilities” as defined under chapters 71.12 RCW and 246-326 WAC;~~
- (h) ~~“Residential treatment facilities for psychiatrically impaired children and youth” as defined under chapters 71.12 RCW and 246-323 WAC;~~
- (i) “Residential treatment facilities” as defined under chapters 71.12 RCW and 246-337 WAC;
- (i j) “Hospitals” as defined under chapters 70.41 RCW and ~~246-318~~320 WAC;
- (j k) “Hospice care center” as defined under chapters 70.1267 RCW and ~~246-321~~335 WAC.

Substantiation: The correction of the errors will be in line with what is required to be reviewed. This proposal is in line with the new RTF WAC's that are schedule to be effective July 1, 2005.

Advisory Group Meeting Action: Vote to, accept with modifications. There is no need for a definition of "Adult Residential Care". Revise text to read:

(2) "Project" means a construction endeavor including new construction, replacement, alterations, additions, expansions, conversions, change of use, improvements, remodeling, renovating, and upgrading of the following types of facilities:

- (a) ~~"Adult residential care" as defined under chapters 18.20 RCW and 388-110 WAC;~~
- (a) ~~"Adult residential rehabilitation center" as defined under chapters 71.12 RCW and 246-325 WAC.~~
- (b) "Ambulatory surgery center" defined as a facility that is required to be certified for participation in Medicare.
- (b c) ~~"Boarding homes" as defined under chapters 18.20 RCW and 246-316388-78A WAC;~~
- (d) "Correctional facilities" as defined under health, environmental, and safety standards and 43.20 RCW;
- (e e) ~~"Maternity homes" and "childbirth centers" as defined under chapters 18.46 RCW and 246-329 WAC;~~
- (d f) ~~"Nursing homes" as defined under chapters 18.51 RCW and 248-14388-97 WAC;~~
- (e g) ~~"Private psychiatric hospitals" as defined under chapters 71.12 RCW and 246-322 WAC;~~
- (f h) ~~"Private alcoholism hospitals" as defined under chapters 71.12 RCW and 246-324 WAC;~~
- (g) ~~"Private alcoholism treatment facilities" as defined under chapters 71.12 RCW and 246-326 WAC;~~
- (h) ~~"Residential treatment facilities for psychiatrically impaired children and youth" as defined under chapters 71.12 RCW and 246-323 WAC;~~
- (i) "Residential treatment facilities" as defined under chapters 71.12 RCW and 246-337 WAC;
- (i j) ~~"Hospitals" as defined under chapters 70.41 RCW and 246-318320 WAC;~~
- (j k) ~~"Hospice care center" as defined under chapters 70.1267 RCW and 246-321335 WAC.~~

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 017: **Accept with modifications**

Submitter: Doug Taylor, DOH

Section: 246-314-990-(2)

Recommendation: Accept proposed changes as written:

(2) The department shall charge a flat fee ~~of eighty dollars for a project involving installation of carpet only.~~ for the review of the following projects:

- (a) One hundred twenty dollars (\$120.00) for any project with the installation of carpet only.
- (b) One hundred twenty dollars (\$120.00) for any project involving a conversion or change of use only.
- (c) Four hundred seventy dollars (\$470.00) for the first initial submission for review and inspection of any project involving the site installation of a mobile unit. Two hundred eighty-five dollars (\$285.00) for each additional submission for review and inspection of the same project thereafter.
- (d) Four hundred seventy dollars (\$470.00) for the first initial submission for review and inspection of any project involving the equipment supplier of a mobile unit. Two hundred eighty-five dollars (\$285.00) for each additional submission for review and inspection of the same project thereafter.

Substantiation: This will allow for uniform structure and/or process for determining review fees at a flat rate based on time. These types of projects could be set up and reviewed on a fast track time line due to the nature of the projects. The flat fee based on time is the actual cost, and for the most part, could save facilities money and time, because the review time is the same for a large project as it is for a small project

Advisory Group Meeting Action: Vote to, accept with modifications. The term "inspected" needs to be changed to "approval" throughout. Inspected could be construed to mean additional authorities beyond the scope of this rule. Revise text to read:

(2) The department shall charge a flat fee ~~of eighty dollars for a project involving installation of carpet only.~~ for the review of the following projects:

- (a) One hundred twenty dollars (\$120.00) for any project with the installation of interior finish only.
- (b) One hundred twenty dollars (\$120.00) for any project involving a conversion or change of use only.
- (c) Four hundred seventy dollars (\$470.00) for the first initial submission for review and approval of any project involving the site installation of a mobile unit. Two hundred eighty-five dollars (\$285.00) for each additional submission for review and approval of the same project thereafter.
- (d) Four hundred seventy dollars (\$470.00) for the first initial submission for review and approval of any project involving the equipment supplier of a mobile unit. Two hundred eighty-five dollars (\$285.00) for each additional submission for review and approval of the same project thereafter.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 018: **Accept**

Submitter: Richard Swanson, DOH

Section: 246-314-010

Recommendation: Accept proposed changes as written:

“Change of Approved Use Only” means a change in the function of a room that does not involve any changes to the physical elements of the room.

Substantiation: With a related proposal to create a flat fee for the review of a proposed change of approved use, a definition is required for guidance and understanding.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 019: **Accept**

Submitter: Richard Swanson, DOH

Section: 246-314-010

Recommendation: Accept proposed changes as written:

“Interior Finishes” means a product such as carpet, vinyl wall covering, wall paper, or paneling that will be applied to an existing surface as the exposed surface.

Substantiation: With a related proposal to expand a flat fee from only carpet as is currently in the regulation to include other interior finishes, a definition of what is included as an interior finish needs to be provided for guidance and understanding.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 020: **Accept**

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Revise text as follows:

\$ 60,000,000 to ~~AND OVER~~ \$ 99,999,999 ... \$ 28,700

\$100,000,000 to \$ 199,999,999\$ 32,000

\$200,000,000 to AND OVER\$ 35,000

Substantiation: A few acute care projects have grown in size and complexity leading to the need for additional time for review of the construction documents, consultation/coordination with the owner, design team, and local building officials, and on-site inspections for code compliance. An adjustment to the upper end of the fee schedule will cover additional CRS expenses generated by the additional time involved to provide complete services.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 021: **Deny**

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Revise text as follows:

~~(2) The department must charge a flat fee of \$80.00 for a project involving installation of carpet only.~~

(2) If the project only involves interior finishes, then the construction review fee shall be \$ 120.00.

Substantiation: The current regulation only involves carpet. However, the review and authorization to install other interior finish products requires a similar amount of time as for carpet. Therefore, this flat fee should be available for other interior finishes also. The proposed increase in the flat fee is to better reflect actual costs for review and administrative handling of the project.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #17.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 022: Accept with Modifications

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Revise text as follows:

(3) The project sponsor may ~~request a reduction in the project review fee- exclude from the “Project Cost” the cost~~ for fixed or installed technologically advanced diagnostic or treatment equipment ~~projects such as including lithotripters, CT scans, linear accelerators, and MRI’s.~~

Substantiation: The types of equipment mentioned have relatively high costs, are installed as a unit, and require little review of the equipment it self. Therefore, the inclusion of such a cost inflates the “Project Cost” and, potentially, the construction review fee without a corresponding increase in the amount of time required to review the project.

Advisory Group Meeting Action: Vote to, accept with modifications. Revise text to read:

(3) The project sponsor may ~~request a reduction in the project review fee- exclude from the “Project Cost” the cost~~ for fixed or installed technologically advanced diagnostic or treatment equipment ~~projects such as but not limited to: including lithotripters, CT scans, linear accelerators, and MRI’s.~~

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 023: Accept

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Revise text as follows:

(4) The department may adjust the project review fee if:

(a) ~~The~~ the final project cost as shown on the project completion card; ~~or~~ is a change from the project cost shown on the application.

(b) ~~The project sponsor requests a reduction in the fee according to subsection 3 of this section.~~

Substantiation: Part (a) of this paragraph needs to be modified for a better understanding of when the department may adjust the project review fee.

Part (b) of this paragraph needs to be deleted to be in agreement with another recommendation concerning that allows the project sponsor to exclude from the “Project Cost” the cost of technologically advanced diagnostic or treatment equipment without prior approval.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 024: Deny

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Accept proposed changes as written:

(xx) If the project only involves a change in the approved use of a room, then the construction review fee shall be \$ 120.00.

Substantiation: A project that only involves a change in the approved use, and does not include the need to alter or add to the physical elements of the room requires limited time for review and administration. The use of a flat fee better reflects the expenses related to review and administration for such a project.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #17.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 025: Deny

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Accept proposed changes as written:

(xx) If a project sponsor wishes to have a technical assistance conference prior to the formal submission of a project, then the construction review fee for said conference shall be \$500.00

Substantiation: Many times in the embryo stage of a project questions arise as to the viability of the concept. As a public service, it is beneficial to allow a project sponsor to meet the CRS staff for consultation without the burden of having to pay a full construction review fee based on the estimated project cost. The proposed fee allows such a consultation, either at the facility or at the

CRS office, while covering the basic expenses for review and administration of the conference information.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposals #36 and #51.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 026: **Deny**

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Accept proposed changes as written:

(xx) If a project sponsor wishes to terminate the review process before its completion, then a refund of the unused portion of the construction review fee may be requested. Said request shall be in writing from the project sponsor. The amount to be refunded shall be determined by a policy developed by CRS.

Substantiation: Any time a project is determined to be no longer viable, the amount of cost for its review needs to be commensurate with the expenses accumulated to that point in time. Any remaining construction review fee shall be returned to the project sponsor.

Advisory Group Meeting Action: Vote to, deny. Fee schedule needs to be developed and language reviewed. This issue was covered under Proposal #54.

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained: 0

Proposal 027: **Accept**

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Accept proposed changes as written:

(xx) If a Facility that is currently unlicensed, but was previously licensed through DOH or AASA, wishes to be reviewed for licensure, then the construction review fee reduction of 50% from that shown on the Construction Review Fee Schedule shall be allowed.

Substantiation: Previously licensed facilities should be gone through the construction review process. Therefore, any subsequent review for licensure should be more of a cursory review instead of a full review. The reduction in fee is warranted because of the reduction in time needed to complete the review for compliance with current regulations.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained: 0

Proposal 028: **Deny**

Submitter: Richard Swanson, DOH

Section: 246-314-990

Recommendation: Accept proposed changes as written.

(xx) For those facilities where only a portion of the facility is proposed for licensure, and for those existing facilities that are proposing to convert from one type of licensed care to another type of licensed care, an alternate method for determining the "Project Cost" shall be by multiplying the area to be licensed by the following rates:

Boarding Homes.....	\$ 100.00 per square foot
Hospitals.....	\$ 175.00 per square foot
Nursing Homes.....	\$ 150.00 per square foot
Other facilities.....	\$ 90.00 per square foot

Substantiation: When only a portion of a facility is to be licensed or an existing facility proposes to become licensed, the ability to accurately determine the "new construction" cost for that area because difficult to determine without the expenditure of considerable amounts of time. The cost per square foot proposed is based on the average valuations of completed projects as determined by nationally recognized estimating consultants.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #33.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 029: **Deny**

Submitter: John Williams, DOH

Section: 246-314-010 (2) new subset

Recommendation: Accept proposed changes as written:

"Ambulatory Surgery Center" means any building or portion thereof whose occupancy is classified as a ambulatory healthcare occupancy as defined by the 2000 version of the National Fire Protection Associations document 101 Life Safety Code, or, any building or portion thereof whose occupancy is recognized as a ambulatory healthcare occupancy as defined by Centers for Medicaid and Medical.

Substantiation: Problem: There is no pre-construction review of these facilities to the appropriate code. This review would identify non-compliant construction and potential citations prior to construction and survey and could prevent costly post-construction revisions.

Several of these occupancy types are certified by the Center for Medicaid and Medicare, and by arrangement are surveyed by the Department. CMS uses NFPA 101 for the review of these occupancies. Most local building departments have not adopted the NFPA 101 Life Safety Code as a referenced standard. The State Building Code does not contain comparable requirements for this type of structure.

Defining this occupancy type under the definition of “project”, in concert with other amendments, will allow the Department to charge fees for and provide technical assistance prior to construction.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #16.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 030: **Deny**

Submitter: John Williams, DOH

Section: 246-314-010

Recommendation: Accept proposed changes as written:

"Change of use" means any change to the occupancy, use or scope of services provided within a space.

Substantiation: Problem: In the current code there is no clear authority to charge for the review of change of use projects, or, how to calculate the review fee for this review. This change, taken with additional amendments, would clarify this requirement.

This amendment would clarify the requirement for facilities to pay fees for review of functional changes, not just construction related projects. Construction Review must charge for its review services, and RCW 70.41.120 requires that any alteration to a facility meet the regulations prescribed by the department:

“Any licensee or applicant desiring to make alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition or new construction, comply with the regulations prescribed by the department.”

Often a facility will make a alteration that does not involve construction. This change may be a functional change to the scope of services provided in a space. These new services may have different physical requirements. For instance:

A facility decides to perform orthopedic surgery in a general operating room. General operating rooms are required to have 400 square feet of area. Orthopedic operating rooms are required to have 600 square feet of area.

Change of use projects should be reviewed to ensure that the space complies with the appropriate regulation.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #18.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 031: **Deny**

Submitter: John Williams, DOH

Section: 246-314-990 (4) (new subset)

Recommendation: Accept proposed changes as written:

(new paragraph) The department may adopt a procedure to reduce review fee for change of use projects that do not require in depth review.

Substantiation: Problem: The review time for some of these projects may be much less than the calculated review fee. There is no current flexibility for the department to adjust these fees based on staff time expended.

The starting point for determining the fee for this type of review would be the cost to provide the facilities as new construction. This would be the “worst case” scenario as far as how much the facilities would be charged.

However, depending on the complexity of the project staff review time could be much less. The department should be given the flexibility to reduce the required fee for projects by procedure.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #41.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 032: Accept

Submitter: John Williams, DOH
Section: 246-314-010, Paragraph 2
Recommendation: Revise text as follows:

(i) "Hospitals" as defined under chapters 70.41 RCW and 246-318 320 WAC; and....

Substantiation: Chapter 246-318 is no longer the current WAC chapter governing the construction of hospitals. This has been changed to Chapter 246-320.

Advisory Group Meeting Action: Vote to, accept.
Number eligible to vote: 10
Ballot Results: Affirmative: 10 Negative: 0
Votes not returned or sustained: 0

Proposal 033: Accept with Modifications

Submitter: John Williams, DOH
Section: 246-314-010 (New Paragraph)
Recommendation: Accept proposed changes as written:

(new paragraph) "Construction Value" means the value of an existing building or portion thereof at the time of project submission, based on either the current market value of the structure as documented by the project sponsor, or, as determined by assigning a cost per square foot value as follows:

- (a) Existing hospital structures shall be valued at \$175.00 per square foot
- (b) Existing Boarding Homes structures shall be valued at \$100.00 per square foot
- (c) Existing Nursing Homes structures shall be valued at \$150.00 per square foot
- (d) Other existing Facilities structures shall be valued at \$90.00 per square foot

Substantiation: Problem: There is no codified method of determining the "construction cost" of existing facilities. This cost is used in determining the review fee. This amendment would establish a method for determining the value of existing buildings and structures, for use in the calculation of project review fees.

Some projects presented to the department for review are in existing buildings that have not been previously reviewed, or, have been reviewed in a completely different context. These projects may have little or no construction changes when submitted. Therefore, a method is needed to determine an overall project cost so that the appropriate fees can be determined.

If the building was built 20 years ago, the original construction cost data may be obsolete or unknown. To provide a fair comparison to new construction, the review fees for these buildings should be calculated based on current building value.

As written above the project sponsor would have the choice of submitting cost data to the department, or using the cost per square foot. The cost data is taken from the current department procedure, see attached.

Advisory Group Meeting Action: Vote to, accepted with modifications. Change definition title to "Value of Existing Construction".

Number eligible to vote: 7
Ballot Results: Affirmative: 7 Negative: 0
Votes not returned or sustained: 0

Proposal 034: Accept with Modifications

Submitter: John Williams, DOH
Section: 246-314-110 (2)
Recommendation: Accept proposed changes as written:

(2) "Project" means a ~~construction endeavor~~ change to a facility including new construction, replacement, alterations, additions, expansions, conversions, improvements, remodeling, renovating, change of use, and upgrading of the following types of facilities:

Substantiation: Problem: Facilities often make changes that do not require construction. The current rule incorrectly narrows the focus to construction related projects. This definition is inconsistent in that "alterations" and "conversions" are project types that may not require construction changes. With the current wording there is no clear authority to charge for these non-construction types of projects. This change, taken with other amendments, would provide that clarification.

Advisory Group Meeting Action: Vote to, accept with modifications. Revise text to read:

(2) "Project" means a ~~construction endeavor~~ change to a facility including new construction, replacement, alterations, additions, expansions, conversions, improvements, remodeling, renovating, change of approved use, and upgrading of the following types of facilities:

Number eligible to vote: 7
Ballot Results: Affirmative: 7 Negative: 0
Votes not returned or sustained: 0

Proposal 035: Accept**Submitter:** John Williams, DOH**Section:** 246-314-001**Recommendation:** Revise text as follows:

WAC 246-314-001 Purpose. The purpose of this chapter is to establish fees for reviewing and providing technical assistance for ~~approving~~ health and residential care facility ~~construction~~ projects.

Substantiation: Problem: Giving the department the authority to charge fees only for construction related projects, could be construed as a limit to it's ability to provide services. To provide services the department must charge fees. This amendment would clarify the requirement for facilities to pay fees for review of functional changes, not only construction related projects.

RCW 70.41.120 requires that any alteration to a facility meet the regulations prescribed by the department:
 "...Any licensee or applicant desiring to make alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition or new construction, comply with the regulations prescribed by the department..."

The Washington State Constitution, ARTICLE VIII, SECTION 5, states that "The credit of the state shall not, in any manner be given or loaned to, or in aid of, any individual, association, company or corporation."

Often a facility will make an alteration that does not involve construction. This change may be a functional change to the scope of services provided in a space, or new licensure of an existing building. For instance:

- A facility decides to perform endoscopy procedures in a room that was previously approved for surgery.
- A facility purchases a 30 year old medical office building and wishes to bring it under it's license, without changes to construction.
- A facility wishes to convert it's existing licensed boarding home to an long term care license.

Each of the examples above are alterations that require review by the department, but may not entail construction. A review is needed because the physical requirements referenced in other portions of the WAC have changed because the function of the space has changed.

(2) The word "approving" does not add anything to this statement. Any review of a facility includes ultimate a

approval or denial of a project. If it is intended that denial of a project results in a refund of review fees this should be clearly stated elsewhere.

(3) Adding technical assistance is an important component of this change. Currently the department does not have the authority to charge a fee for providing technical assistance. Further amendments are needed to clarify this authority.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 6

Ballot Results: Affirmative: 6 Negative: 1

Votes not returned or sustained: 0

Explanation of Negative Votes: Talley. We believe buildings and systems have to be inspected through a partnership. It is a vital part of ensuring the systems function in case of an emergency.

Proposal 036: Deny**Submitter:** John Williams, DOH**Section:** 246-314-800 (new section)**Recommendation:** Accept proposed changes as written:

246-320-800 Technical Assistance fees

- (1) The department shall charge a fee for providing voluntary technical assistance for any facility that is requested by the project sponsor. The amount of this fee shall be determined by subsection (2) through (3):
- (2) The department shall charge a flat fee of four hundred and twenty-five dollars for a in- house consultation, not to exceed four hours, at a designated location within the offices of the department.
- (3) The department shall charge a flat fee of four hundred and twenty-five dollars, per visit, for an on-site consultation at a location within the state of Washington determined by the project sponsor.
- (4) Technical assistance fees are not required for projects that have already submitted a full review fee per section 990 of this code.

Substantiation: Problem: The department is required to provide technical assistance, but not allowed to provide these services for free. The current rule does not set any guidelines for charging fees or determining the fees for

technical assistance. This change will allow the department to charge a fee for the services provided.

Per RCW 43.05.020: "...All regulatory agencies shall develop programs to encourage voluntary compliance by providing technical assistance consistent with statutory requirements. The programs shall include but are not limited to technical assistance visits, printed information, information and assistance by telephone, training meetings, and other appropriate methods to provide technical assistance..."

Per the Washington State Constitution, ARTICLE VIII, SECTION 5: "The credit of the state shall not, in any manner be given or loaned to, or in aid of, any individual, association, company or corporation."

Paragraph 2 would allow a project sponsor to purchase a block of time for consultation at the CRS offices. Most of the current project conferences are under two hours, however, some would require more. A cap of four hours would allow a single day to be divided into three 2 hour slots, and ensure that at least two facilities would have the opportunity to receive technical assistance on that day. Often these time slots are at a premium and booked for several weeks in advance.

Paragraph 3 would also allow a facility to request an on-site technical assistance at any location within the state. It is less costly for facilities on the eastern side of the state to pay for an onsite technical assistance as opposed to paying a conference fee and travel expenses. The fee would be the same as the in house consultation to encourage participation. The on-site visits could be organized in a way to reduce travel costs and ensure that the fees covered the travel expenses.

Paragraph 4 would clarify that the review fees would include in-house and on-site consultation, as needed.

Currently the department has adopted a policy for providing technical assistance that reflects the flat fees listed in the paragraphs (2), (3) and (4). This amendment would codify this policy in rule.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #51.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 037: **Deny**

Submitter: John Williams, DOH

Section: 246-314-990

Recommendation: Accept proposed changes as written:

WAC 246-314-990 ~~Construction~~ Review fees. (1) The project sponsor shall submit to the department:

(a) A completed project review application form along with project documents for review; and

(b) The appropriate fee for construction related projects shall be based upon the initial project construction cost. Fees shall be as determined from the following construction fee table in subset (d) of this section.

(c) The appropriate fee for existing non-licensed buildings, conversions and change of use projects shall be based on the construction value. Fees shall be determined from the construction fee table in subset (d) of this section.

(d) CONSTRUCTION FEE TABLE (note: insert current fee table here)

Substantiation: Problem: There is no method described in the current rule to determine a project review fee for existing buildings, conversions, and projects where there is no construction cost, or the construction cost does not accurately reflect the value of the project. This would allow the use of construction value to determine this cost.

Note: it is not the intent of this change to allow new construction projects or renovation project to use the "construction value" method to determine fees. If current "live" cost data is available that reflects the entire scope of the project, this cost data should be used.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #33.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 038: **Deny**

Submitter: John Williams, DOH

Section: 246-314-990 New Section

Recommendation: Accept proposed changes as written:

The department shall charge a fee of for the review of technologically advanced mobile diagnostic and treatment units or mobile unit pads as follows:

First initial submission for review and inspection.
\$470.00 first time

Each additional submission for review and inspection.
\$285.00 each time

The review of the mobile unit and the pad will be separate, with a separate fee required for each.

Substantiation: Problem: Mobile units carrying technologically advanced medical equipment are common today. The current fee rule does not address these types of units. These units do not expend large amounts of staff time, yet the cost of a mobile unit would result in a high review fee.

In an attempt to lessen cost of these reviews, the department has previously adopted procedures create a new fee schedule that more accurately reflects the staff time expended in these reviews. A copy of this procedure is attached. This amendment would clarify this in rule.

Since several different mobile units can use the same pad, it does not make sense to review the units and the pads together; each review should be independent of the other.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #17.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 039: **Deny**

Submitter: John Williams, DOH
Section: 246-314-990 (4) new subset
Recommendation: Accept proposed changes as written:

For change of use and conversion projects only, that are submitted to the department using the aid of architect licensed within the State of Washington.

Substantiation: Problem: Older existing buildings, conversions and smaller projects often are submitted using older obsolete plans. These plans require additional time to interpret. If the current project plans are drafted and presented to the department using a architect, this may reduce the time required for review.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #41.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 040: **Accept with Modifications**

Submitter: John Williams, DOH
Section: 246-314-010 (4)
Recommendation: Revise text as follows:

(4) "Project cost" means all costs, ~~except taxes,~~ directly associated with the project, initially estimated and corrected by certification to the date of completion of the

project and including: all fixed and installed equipment in the project and contractor supervision, inspection, and overhead. This cost does not include:

- ~~(a) All architectural engineering design, plans, drawings, and specifications;~~
- ~~(b) All fixed and installed equipment in the project; and~~
- ~~(c) Contractor supervision, inspection, and overhead.~~
- (A) Taxes;
- (B) Architectural fees;
- (C) Land acquisition fees;

Substantiation: Problem: The current fee requires that architectural fees and land acquisition fees be included in the computation of the project cost. These architectural vary from firm to firm, and the land costs vary from city to city. There is no reason that a facility choosing to use a more expensive architect should be penalized by greater fees. This might encourage facilities to hire higher quality architects. It should also be clarified that the cost of land has no bearing on the amount of time required to review a project.

Advisory Group Meeting Action: Vote to, accept with modifications. Revise text to read:

(B) Architectural/ Engineering fees;

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 041: **Accept with Modifications**

Submitter: Chad Beebe, DOH
Section: 246-314-990
Recommendation: Accept proposed changes as written: Add the following:

(9)The following reduction in fees may be provided when approved by the department the total discounts may not be reduced by more than 70%:

a. A reduction of up to 15% may be given for projects employing a Washington state licensed architect when not required elsewhere by rule;

b. If a facility is to be converted from another occupancy as defined by the State Building Code or to be converted from one license to another a reduction of fee may be granted of up to 50%. The amount of fee reduction will be determined by the estimated amount of systems review required to ensure that the rules have been met.

Substantiation: It is important for CRS to be able to support the program by receiving fees for the work performed. It is also important that CRS does not obtain

fees above and beyond their operating costs. For certain projects, an Architect is not required, however CRS recognizes the time and cost savings to the department for projects that do use the services of an Architect and therefore the entire fee amount is not necessary for such projects. Facilities being converted have already undergone some type of review. Certain systems such as fire sprinkler, fire alarm, the egress components do not need to be re-reviewed and therefore the entire fee amount is not necessary.

Advisory Group Meeting Action: Vote to, accept with modifications. Revise text to read:

a. A reduction of up to 15% may be given for projects employing a Washington state licensed architect/ engineer when not required elsewhere by rule;

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 042: **Withdrawn by Submitter**

Proposal 043: **Accept**

Submitter: Chad Beebe, DOH

Section: 246-314-010, New

Recommendation: Accept proposed changes as written:
Change title to Construction Review Service -

Chapter 246-314 WAC
CONSTRUCTION REVIEW SERVICES

Substantiation: The changes makes the wording more consistent and is more editorial in nature.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained: 0

Proposal 044: **Deny**

Submitter: Chad Beebe, DOH

Section: 246-314-001

Recommendation: Revise text as follows:
Revise paragraph to read:

The purpose of this chapter is to establish fees for reviewing and approving state licensed facilities.

Substantiation: Revising "health and residential care facilities...construction projects" to state "state licensed facilities." makes the chargin paragraph more inclusive of

the various types of facilities that are required to be reviewed by CRS by other rules.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #35.

Number eligible to vote: 7

Ballot Results: Affirmative: 6 Negative: 0

Votes not returned or sustained: 1

Proposal 045: **Accept with Modifications**

Submitter: Chad Beebe, DOH

Section: 246-314-010

Recommendation Accept proposed changes as written:
Add the following definitions:

(2) "Certified" means facilities in which the State has a federal obligation to ensure that standards are met.

(3) "Licensed" means facilities which are required to obtain a license from the State Department of Health or State Department of Social and Health Services which have identified the need to obtain approval from Construction Review Services before licensure activity.

(4) "Permit" means an application for recommendation to the licensing or certifying authority from Construction Review Services indicating that the physical plant regulations have been met and the process has been complete.

(8) "Technical Assistance" includes assistance to facilities either at the Department offices or at the project location to:

a. Provide information on the laws, rules and compliance methods and technologies applicable to the regulations;

b. Information on methods to avoid compliance problems;

c. Assistance in applying for permits, licensure or certification; and

d. Information on the mission, goals, and objectives of the program.

Substantiation: It has been unclear as to what the difference are between certified and licensed facilities so some clarification needs to be provided here.

I have added the term permit later in the document and needs to be clear that the CRS process is the permit process.

Advisory Group Meeting Action: Vote to, accept with modifications. Revise text to read:

(2) ~~"Certified" means facilities in which the State has a federal obligation to ensure that standards are met.~~

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained:

Proposal 046: **Deny**

Submitter: Chad Beebe, DOH

Section: 246-314-010

Recommendation: Revise text as follows:

Revise the definition for project to read:

(2) "Project" means a construction licensing endeavor including new construction, replacement, alterations, additions, expansions, conversions, improvements, remodeling, renovating, and upgrading of facilities to be state licensed.

Substantiation: The list of facility types does not add any value. The licensing rules that regulate each facility type determine if construction review services is necessary. Also, with so many types of facilities and different agencies/programs involved the list changes very often and is difficult to keep up to date. I would recommend that the list be moved to a guideline if needed.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposals #34 and #40.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 047: **Withdrawn by Submitter**

Proposal 048: **Accept**

Submitter: Chad Beebe, DOH

Section: 246-314-020

Recommendation: Accept proposed changes as written:

Add following new section:

WAC 246-314-020 Time limitation of application.
An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the department is authorized to grant one or more extensions of time for additional periods not exceeding 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

Substantiation: It has often been unclear as to the duration of the application. We often have difficulties with customers that do not get approval on the first submission and never get back to us until they want the

license. Sometimes this could mean a year later. Other times the rules change mid stream and create additional challenges for us to complete the review when long periods of time pass. We have enforced this language in the past directly from the building code, however we have altered by extending it from 90 days to 180 days.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained: 0

Proposal 049: **Accept**

Submitter: Chad Beebe, DOH

Section: 246-314-990, Paragraph 1

Recommendation: Revise text as follows:

Revise text to read:

- (1) The project sponsor shall submit to the department:
 - a. The applicant for a permit shall provide an estimated permit value at time of application. Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued, such as electrical, gas, mechanical, plumbing equipment and permanent systems. If, in the opinion of the department, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the department. Final building permit valuation shall be set by the department.
 - b. A completed project review application form along with project documents for review; and
 - c. Documentation as defined by the applicable licensing or certification rules; and
 - d. The appropriate fee based upon the initial project construction cost as determined from the following construction fee table:

Substantiation: The major change to this section is the addition of subparagraph a. which requires the applicant to submit the estimated value and also gives the department the ability to question underestimated estimates. From time to time we receive estimates that are very, very low, such as reporting the costs as \$0 because its all donated materials and such. This changes clarifies the departments intent and expects the applicant to provide a good faith estimate. This text comes directly from the Building Code and we have enforced this text in the past, including the text here makes it more clear to those that are not used to the building codes.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 050: Deny

Submitter: Chad Beebe, DOH
Section: 246-314-090
Recommendation: Accept proposed changes as written:
 Add the following:

(3) The department shall charge a flat fee of \$410.00 for the initial submission and \$250.00 for each additional submission for the review of mobile units.

Substantiation: To base the fees for the review of mobile units based on the construction costs is unreasonable. The costs often exceed \$1,000,000.00 which would require a review fee of over \$7,000.00. Mobile units are very consistent due to their size restrictions and the review often only takes a couple of hours.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #17.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 051: Accept

Submitter: Chad Beebe, DOH
Section: 246-314-090
Recommendation: Accept proposed changes as written:
 Add the following:

(4) The department shall charge a flat fee of \$410.00 for each 8 manhours or fraction thereof for Technical Assistance.

Substantiation: CRS recognizes that, due to the volume and complexity of laws and rules it is appropriate for CRS to encourage voluntary compliance and to request assistance from CRS when needed to help provide them with the appropriate information on the laws, rules and compliance methods and technologies and on ways to voluntarily avoiding compliance problems. The state auditor's office has determined that we must have a fee schedule set by rule to provide this service.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 052: Deny

Submitter: Chad Beebe, DOH
Section: 246-314-090
Recommendation: Accept proposed changes as written:
 Add the following:

(7) Building Conversions. Plan review fees will be determined based on the value of the project and derived from the fee schedule. The value of the project will be determined based on the local area cost data. The current cost data will be made available on the construction review website. Project sponsors may submit other cost data including specific cost data the accurately described the estimate good faith value of the project for the departments consideration.

Substantiation: CRS recognizes that, due to the volume and complexity of laws and rules it is appropriate for CRS to encourage voluntary compliance and to request assistance from CRS when needed to help provide them with the appropriate information on the laws, rules and compliance methods and technologies and on ways to voluntarily avoiding compliance problems. The state auditor's office has determined that we must have a fee schedule set by rule to provide this service.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposal #53.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 053: Accept

Submitter: Chad Beebe, DOH
Section: 246-314-090
Recommendation: Accept proposed changes as written:
 Add the following:

(7) Building Conversions. Plan review fees will be determined based on the value of the project and derived from the fee schedule. The value of the project will be determined based on the local area cost data. The current cost data will be made available on the construction review website. Project sponsors may submit other cost data including specific cost data the accurately described the estimate good faith value of the project for the departments consideration.

Substantiation: It is important for CRS to have some criteria set in rule for determining project value when the project value is unknown so that it can be applied in a

consistent manner. It is also important to include in the rule that project sponsors may provide their own data, and when done so in good faith, may be granted by the department. I also included a sentence that requires the department to provide their estimated cost data on the website so that project sponsors can have easy access to it.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0

Proposal 054: **Accept**

Submitter: Chad Beebe, DOH

Section: 246-314-090

Recommendation: Accept proposed changes as written:
Add the following:

(8)Refunds will be less the amount of work performed by the department and will be determined based on the following table:

Base Administrative Cost (apply to each submission, including initial project submission) 110.00

Each Conference 410.00

Each Add-On Submission 110.00

Projects LESS than \$500,000

Initial Review/Site Visit 325.00

Each Additional Review/Site Visit 250.00

Projects OVER \$500,000

Initial Review/Site Visit 665.00

Each Additional Review/Site Visit 410.00

Exemptions Same as Initial Review/Site Visit

Substantiation: It is important for CRS to be able to support the program by receiving fees for the work. When projects are cancelled or completed under budget CRS needs to have a set of consistent criteria for determining refund amounts.

Advisory Group Meeting Action: Vote to, accept.

Number eligible to vote: 10

Ballot Results: Affirmative: 10 Negative: 0

Votes not returned or sustained: 0

Proposal 055: **Withdrawn by Submitter**

Proposal 056: **Deny**

Submitter: L. Kent Gregory, Architect

Section: 246-314-990

Recommendation: Accept proposed changes as written:

Include review of non-hospital based ambulatory surgery centers in services offered and fees collected by DOH CRS.

Substantiation: Compliance with Medicare certification requirements for non-hospital based ambulatory surgery centers are subject to interpretation. Without any review process applicants for certification receive no comments from DOH until the facility is built and ready to open. Comments for approval come with the on-site survey. Given the capital outlay, corrections and revision have a significant negative impact.

Advisory Group Meeting Action: Vote to, deny. This issue was covered under Proposals #16 and #45, which include ambulatory surgery centers and accomplishes the same intent.

Number eligible to vote: 7

Ballot Results: Affirmative: 7 Negative: 0

Votes not returned or sustained: 0